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Emergency Committee for Israel PAC

1726 M Street, N.W. Suite 301 Washington, D.C. 20036 (202) 660-6220

October 22, 2010

Federal Election Commission 999 E Street, NW Washington, DC 20463

Re: Amending Form 1, Statement of Organization -- Unlimited Funds

To Whom It May Concern:

This Committee is amending the Form 1 filed on October 15, 2010, to designate an Assistant Treasurer as the Designated Agent of the Committee. The amended Form 1 is attached.

Respectfully Submitted,

Michael Goldfarb

Treasurer

00 003047436

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FEC FORM 1

STATEMENT OF **ORGANIZATION**

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5							
Emergency Committe	Emergency Committee For Israel PAC									
ADDRESS (number and street) 1726 M Street, NW										
(Check if address	Suite 301,									
is changed)	Washington , , ,		PC 200	36						
	С	ITY	STATE	ZIP CODE						
COMMITTEE'S E-MAIL ADDRES	SS (Please provide only one e-n	nail address)								
(Check if address	npollak@gmail.c	om	11111							
(Check if address is changed)	L									
COMMITTEE'S WEB PAGE ADD	DRESS (URL)									
(Check if address	www.ecipac.com									
is changed)			<u> </u>							
2. DATE 1 0 ' 2 2 ' 2 0 1 0										
3. FEC IDENTIFICATION NUMBER										
4. IS THIS STATEMENT NEW (N) OR AMENDED (A)										
I certify that I have examined th	is Statement and to the best of	of my knowledge and belief i	t is true, correct and o	complete.						
Type or Print Name of Treasurer Michael Goldfarb										
Signature of Treasurer Date Date Date										
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.										
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	sion r	FEC FORM 1 (Revised 02/2009)						

5.	TYPE OF COMMITTEE Candidate Committee:					
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)			
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)			
	Name Candi					
	Candi Party	idate Affiliatio	Office State Sought: House Senate President District			
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
	Name Candi					
	Part	y Com	mittee:			
	(d)		This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.			
	Polit	ical A	ction Committee (PAC):			
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:			
			Corporation Corporation w/o Capital Stock Labor Organization			
			Membership Organization Trade Association Cooperative			
			In addition, this committee is a Lobbyist/Registrant PAC.			
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)			
			In addition, this committee is a Lobbylst/Registrant PAC.			
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)			
	Joint	Fund	raising Representative:			
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.			
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.			
		Comi	mittees Participating in Joint Fundræiser			
		1.	FEC ID number			
		2.	FEC ID number			
		3.	FEC ID number			
		4.				

	FEC Form 1	Revised 02/2009)	Page 3				
٧	Vrite or Type Commit	ee Name					
Er	mergency Com	mittee For Israel PAC					
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC							
L							
L							
	Mailing Address						
		CITY STATE	ZIP CODE				
	Roletionobin: [77]	Connected Organization Affiliated Committee Joint Fundraising Representative Le	adarahia BAC Sa				
	Helationship:	Connected Organization	adership PAC Spo				
	Full Name Mailing Address	oah Pollak					
		Suite 301, , , , , , , , , , , , , , , , , , ,	1 1 1 1 1				
		Washington DC 20030	<u> </u>				
	Title or Position	CITY STATE	ZIP CODE				
	Custodian of Records Telephone number 202 - 600 - 6220						
	Telephone number 2421 - 6451 - 6425						
8.	Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).						
	Full Name of Treasurer	ichael Goldfarb	<u> </u>				
	Mailing Address	1726 M Street, NW					
		Suite 301, , , , , , , , , , , , , , , , , , ,	1 1 1 1 1				
		Washington I DC 120036					

CITY

Title or Position

STATE

Telephone number

ZIP CODE

292 - 690 - 6220

Full Name of Designated Agent	Noah Pollak					
Mailing Address	1726 M, Street, NW, , , , , ,	1 1 1 1 1 1 1 1 1 1	لـــــا			
	Suite 301, , , , , , , , , , , , , , , , , , ,					
	Washington		لــــا			
Title or Position Assistan	Treasurer Telephone	ne number 202 ₁ - 600 ₁ - 623	20 _]			
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc.						
TD Bank , , , , , , , , , , , , , , , , , , ,						
Mailing Address	1753 Connecticut Ave, , NW					
	Washington		لــــــــــــــــــــــــــــــــــــــ			
	CITY	STATE ZIP CODE				
Name of Bank,	Depository, etc.	·				
Mailing Address						
	CITY	STATE ZIP CODE				

3/2005)

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